



21520 Pioneer Blvd., Ste 305

Hawaiian Gardens, CA 90716

Tel: (562) 860-8890 Fax: (562) 860-5823

TODAY'S DATE \_\_\_\_\_

Have you applied before?

☐ No ☐ Yes When: \_\_\_\_\_

Desired Wages/Salary \$\_\_\_\_\_

Position(s) Applying for:

1)

2)

3)

☐ Full-time ☐ Part-time ☐ Any

☐ Day ☐ Swing ☐ Grave ☐ Any

**LBWDB**

How Did You Hear About Us: ☐ Job Fair ☐ Ad ☐ Walk In ☐ Friend ☐ Internet ☐ Other

**PERSONAL DATA (Please Print)**

PRINT NAME AS SHOWN ON YOUR SOCIAL SECURITY CARD

Last Name		First Name		Middle	
Street Address		Apt. No.	City	State	Zip
Home Phone ( )		Message/Pager/Cellular ( )		Social Security # - - - - -	

Please list last five years job experience; list all casino job experience regardless of length of time since employed. Use additional sheets if necessary. Explain any gaps in employment. It is not acceptable to write **See Resume** in any of these spaces. If you need help completing this application, please ask a Human Resources staff person for assistance.

**BEGIN WITH MOST RECENT PERIOD OF EMPLOYMENT.**

Employer		Job Title		Hire Date	Ending Date	Yrs In Job
Full Street Address		City	State	Zip	Duties and Skills	
Phone	Supervisor		Wages		Reason for Leaving	
Employer		Job Title		Hire Date	Ending Date	Yrs In Job
Full Street Address		City	State	Zip	Duties and Skills	
Phone	Supervisor		Wages		Reason for Leaving	
Employer		Job Title		Hire Date	Ending Date	Yrs In Job
Full Street Address		City	State	Zip	Duties and Skills	
Phone	Supervisor		Wages		Reason for Leaving	
Employer		Job Title		Hire Date	Ending Date	Yrs In Job
Full Street Address		City	State	Zip	Duties and Skills	
Phone	Supervisor		Wages		Reason for Leaving	
Employer		Job Title		Hire Date	Ending Date	Yrs In Job
Full Street Address		City	State	Zip	Duties and Skills	
Phone	Supervisor		Wages		Reason for Leaving	

**REFERENCES**

Please list two (2) references (not relatives) who have known you for at least five (5) years

Name	Address	Occupation	Phone Number
Name	Address	Occupation	Phone Number



Type of School	Name and Location of School	Degree or Graduate ?	Years Completed	Degree Major or Games Proficiency
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dealer, Trade		Yes <input type="checkbox"/> No <input type="checkbox"/>		
High School or GED		Yes <input type="checkbox"/> No <input type="checkbox"/>		

1. Are you at least 21 years of age? Yes ☐ No ☐ (Your employment here is subject to verification that you meet legal age requirements)
2. Are you legally authorized to work in the United States? Yes ☐ No ☐
3. Can you perform the essential functions of the job for which you are applying? Yes ☐ No ☐
4. Have you previously worked for Hawaiian Gardens Casino? Yes ☐ No ☐  
If Yes, please indicate position and dates. Position: \_\_\_\_\_ Dates: \_\_\_\_\_
5. Do you have any relatives or close personal friends who work for Hawaiian Gardens Casino? Yes ☐ No ☐  
If Yes, please indicate name and relationship. Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
6. Have you ever been convicted of a felony? Yes ☐ No ☐ If Yes, please explain: \_\_\_\_\_
7. Have you ever received a misdemeanor conviction for a gambling related offense? Yes ☐ No ☐  
If Yes, please explain: \_\_\_\_\_  
(Exclude traffic related offenses; a felony conviction will disqualify you from employment.)

Emergency Contact Information ( List Name, Address and Phone Number )				
Name	Address	City	Zip	Phone Number

### ACKNOWLEDGMENTS AND AGREEMENTS OF APPLICANT - Please read, initial, and sign information below

1. I hereby authorize Hawaiian Gardens Casino ("HGC") to contact former employers and references and to investigate all statements made by me during the interview or on my application and/or resume. I understand that any acceptance or consideration for employment is predicated upon the truthfulness of the written and verbal statements contained within this application/resume and expressed during the application process.  
Initial \_\_\_\_\_
2. I hereby acknowledge that my employment is "at will;" that no promise of a specific term of employment has been made by HGC or its representatives; that I may resign at any time; that HGC may discharge me at any time, with or without cause, with or without notice, that any assurances of continued employment, whether written or oral, or by conduct, shall not be interpreted as changing the "at-will" nature of the employment relationship unless specifically acknowledged in writing and signed by the President of HGC.  
Initial \_\_\_\_\_
3. Qualified applicants are considered for employment regardless of age, race, creed, color, religion, national origin, citizenship, ancestry, pregnancy, sex, marital status, physical/mental disability, sexual preference or veteran status.  
Initial \_\_\_\_\_
4. I acknowledge and agree that I will be subject to drug and alcohol testing as consideration for employment and that on-going and intermittent drug and alcohol testing is required as a condition of my employment.  
Initial \_\_\_\_\_
5. I acknowledge and agree that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal authority to work in the United States and the issuance of a local work permit and/or State license.  
Initial \_\_\_\_\_
6. I understand and agree that in the event of any issue or dispute between me and HGC arising under or involving my application for employment, actual employment with HGC, or the termination of employment with HGC (except for claims for worker's compensation, unemployment insurance, or matters within the jurisdiction of the California Labor Commissioner), the issue shall be submitted to final and binding arbitration, which is explained in more detail in HGC's written Mandatory Arbitration Policy.  
Initial \_\_\_\_\_
7. I acknowledge and agree that any inaccurate, omitted, or incomplete material information on this employment application, or on any other documentation submitted in connection with this employment, or in connection with any employment related-injury claim, or drug or alcohol tests, or the termination of any work permit or registration, may, at the option of HGC, be considered sufficient cause for withdrawal of pending job offer or immediate termination of employment.  
Initial \_\_\_\_\_
8. My signature below confirms that I have read all of the above statements, that I understand them, and certify all statements are true and correct.  
Initial \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_